

REQUEST FOR DOOR KEYS AND SPECIAL LOCKS				1. DATE (YYMMDD)	
TO: Director, Physical Security Division, WHS					
2. REQUESTING OFFICIAL					
a. NAME <i>(Last, First, MI)</i>		c. ORGANIZATION		d. SIGNATURE	
b. TITLE				e. PHONE	
TYPE OF REQUEST <i>(Check appropriate box)</i>					
3. <input type="checkbox"/> KEYS		4. <input type="checkbox"/> SPECIAL LOCKS			
a. ROOM NO.		b. NO. OF KEYS		a. INSTALL	
				b. NUMBER OF CONNECTING DOORS	
				c. REMOVE ROOM NO.	
c. KEYS TO BE ISSUED IN NAME OF <i>(Last, First, MI)</i>					
5. SPACE ASSIGNED TO:					
a. DOD COMPONENT			b. SUB-COMPONENT		
c. DIRECTORATE			d. DIVISION		
6. JUSTIFICATION					
7. RECOMMENDATION OF DEPARTMENT ACTIVITY/AGENCY					
a. <input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE				b. SIGNATURE	
8. ACTION BY DEPARTMENT SPACE OFFICER					
a. SPACE OCCUPANCY <input type="checkbox"/> VERIFIED <input type="checkbox"/> NOT VERIFIED				b. SIGNATURE	
9. RECOMMENDATION OF PHYSICAL SECURITY DIVISION					
a. <input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE				b. SIGNATURE	
10. ACTION TAKEN BY LOCKSMITH					
a. <input type="checkbox"/> GSA <input type="checkbox"/> DOD			b. DATE COMPLETED (YYMMDD)		c. SIGNATURE